

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
	MA		06-19
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		32	06-19
FORMALITY REVIEW		190	08-08-01
RESPONSE FORMALITY REVIEW		809	10-4-01

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
-	(Through numeral) Canceled	A	Appeal
+	Restricted	O	Objected

Claim	Date
Final Original	4 9
1	13 20
2	04 04
3	✓ ✓
4	✓ ✓
5	✓ ✓
6	✓ ✓
7	✓ ✓
8	✓ ✓
9	✓ ✓
10	✓ ✓
11	✓ ✓
12	✓ ✓
13	✓ ✓
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45	✓ ✓
46	✓ ✓
47	✓ ✓
48	✓ ✓
49	✓ ✓
50	✓ ✓

Claim	Date
Final Original	4 9
51	13 20
52	04 04
53	✓ ✓
54	✓ ✓
55	✓ ✓
56	✓ ✓
57	✓ ✓
58	✓ ✓
59	✓ ✓
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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